

(1) PLACE OF BIRTH

County of LaurieTownship of Dealeor
Inc. Town of
orCity of (No. St.; Ward)
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

CERTIFICATE OF BIRTH

STATE OF SOUTH CAROLINA.

Bureau of Vital Statistics

State Board of Health

File No.—For State Registrar Only

43247

Registration District No. 2901 Registered No. 127
(For use of Local Registrar)

(2) Full Name of Child..... { If child is not yet named, make supplemental report as directed

(3) BOY OR GIRL Boy (4) Twin or Triplet? — (5) Number in order of birth 1
To be answered only in event of Twin or Triplets (6) Are Parents Married? Yes (7) DATE OF BIRTH 7 28 22
(Name of Month) (Day) (Year)

FATHER.

(8) FULL NAME Ray Jones(9) PRESENT POSTOFFICE OF FATHER Ray Court(10) COLOR OR RACE Col (11) AGE AT LAST BIRTHDAY 19
(Years)(12) BIRTHPLACE SC(13) OCCUPATION Lumber(14) Number of children born to mother, including present birth 1

MOTHER.

(14) NAME BEFORE MARRIAGE Mollie Miths(15) PRESENT POSTOFFICE OF MOTHER Ray Court SC(16) COLOR OR RACE Col (17) AGE AT LAST BIRTHDAY 16
(Years)(18) BIRTHPLACE SC(19) OCCUPATION Domestic(20) Number of children of this mother now living, including present birth 1

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

(22) I hereby certify that I attended the birth of this child, who was alive at 3 a M.,
on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)(23) (Signature) W. T. P. P. M. D.(24) State whether Physician or Midwife (25) Address of Physician or Midwife
Ray Court SC

Given name added from a supplemental report

..... 191.....

Registrar

(26) Witness (Signature of Witness necessary only when question 25 is signed by mark)

(27) Filed Jan 6 1912 (28) H. C. Mahan Local Registrar.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.

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